Approved

MEETING MINUTES
STATE CONSUMER AND FAMILY ADVISORY COMMITTEE
February 9, 2006

Present: Jere Annis, Carl Britton-Watkins, Terry Burgess, Pete Clary, Zack Commander, Matthew Elliott, Ron Kendrick, Dorothy O'Neal, Barbara Richards, Bev Stone, David Taylor and Amelia Thorpe.
Absent: Ron Huber, Ed Masters, Doug Michaels and Ellen Perry.
Resigned: Kathleen Herr.
DMH/DD/SAS Staff Present: Sheila Bazemore, Stuart Berde, Steve Hairston, Phillip Hoffman, Susan Kelley, Cathy Kocian, Ann Remington, Cheryl Riggins, Jesse Sowa, John Sullivan and Laura White.
Guests: Ellen Boahn, Carolyn Privott and Judy Taylor.

1. **Welcome and Introductions**
   - The meeting was called to order at 9:30 A.M.
   - The Chair opened the meeting and welcomed the attendees. Code of Conduct rules were reviewed.
   - New SCFAC member David Taylor was congratulated on his recent appointment to the SCFAC.

2. **Approval of Agenda and Minutes**
   - The meeting agenda was approved with additions.
   - The January 2006 meeting minutes were reviewed and approved with changes.

3. **Committee Standing and SCFAC Recruitment**
   - The State Plan outlines the composition of SCFAC membership and states that only one member from each local CFAC should sit on the committee at any given time. If a member is appointed to the SCFAC based on membership in a local CFAC, then the member needs to maintain good standing on their local CFAC.
   - At this time, there is a need to fill the following SCFAC vacancies:
     - A family member of an adult with a substance abuse disorder,
     - A family member of a youth with a mental health disorder,
     - An adult/youth consumer with a co-occurring disorder and
     - An adult/youth consumer who has received substance abuse services.

4. **Communication with Local CFAC**
   - Ron Huber and Ann Remington have scheduled a meeting to discuss communication strategies that would increase two-way communication between the state and local CFACs.

5. **Hospital Downsizing**
   - Laura White, State Operated Services staff member, gave an update on downsizing of the State Psychiatric Hospitals (Broughton, Dix, Umstead and Cherry Hospitals). In the late 1990's, a group of consultants studied Utilization Review of state hospitals. Based on the findings, North Carolina was found to be overly reliant on

these facilities. It was concluded that the goal should be to provide services to individuals in their community wherever possible.

- The Olmstead Decision applies to State Hospitals and Developmental Disability Centers and states that it is a violation of a person's Civil Rights to keep them in an institution if a treatment team believes that the person can live and be served in the community with appropriate supports, if the individual does not oppose transition to the community and if the state can accommodate the individual taking into account the needs of others. As the result of this act, states are transitioning appropriate individuals to the community.
- The Mental Health Trust Fund has been used to develop and expand community services so that individuals can be adequately served in their home communities rather than in state hospitals. The goal each year is to reduce the number of beds for Adult long-term, Geriatric and Certified Nursing beds by moving people from the facility to the community. As of today, 153 Certified Nursing beds have been discontinued. In addition, approximately 80 Geriatric and over 200 Adult Long Term beds have been downsized across the state. The Division has reviewed discharge plans for individuals leaving long term hospitalization to ensure that appropriate services are in place prior to the individual being discharged.
- Fourteen Million dollars has been allocated in fiscal years 2002 through 2006 to start services in the community. The saving, to date, from hospital downsizing is about $15 million dollars. These funds also leverage Medicaid reimbursement which is not included in these totals.
- Some of the services that have been developed as a result of hospital downsizing include:
  - Assertive Community Treatment Teams (ACTT),
  - Housing (Supported Housing),
  - Housing (Group Homes),
  - Housing & Medication Support Funds,
  - Integrated Dual Diagnosis Treatment Programs,
  - Contracts with local hospitals for Psychiatric Inpatient Services and
  - Crisis Services.
- There has been a delay in the closure of Adult Admission beds due to increased hospital admissions. Approximately forty percent of the adult long term beds are being used by dually diagnosed consumers or those receiving services for substance abuse.
- The SCFAC members mentioned that in some areas, reduced use of state hospital beds has been due to local efforts to address consumer needs by developing services in the community with use of community capacity funds.
- Committee members expressed concern about the ability of providers to stay in business if reimbursement rates proved to be too low. Phillip Hoffman said that if adjustments needed to be made, the rates could be reexamined in the future. He also mentioned that a workgroup is reviewing inpatient rates with the idea of facilitating the creation of more community inpatient beds as an alternative to adult long-term beds in state facilities.
- It was noted that there are no waiting lists for consumers to be admitted to the state psychiatric hospitals. The original intent was to downsize the state psychiatric hospitals by 900 beds.

6. Community Alternatives Program (CAP) Overview

- Barbara Richards presented an overview of CAP to SCFAC members. Three handouts from the CAP manual were provided: Appendix B-Glossary, Section 1-Overview and Administration and Appendix E. Medicaid Eligibility and CAP-MR-DD. An additional handout was distributed on case impact scenarios involving family income and CAP criteria.
- The Goals of CAP for Persons with Mental Retardation/Developmental Disabilities (CAP-MR/DD) are consistent with reform of the system. They are to:
  - Address the needs of individuals in their community,
  - Ensure person-centered planning for each individual,
  - Provide for simplicity and ease of service delivery,
  - Lift the individual fiscal limit on available services and supports and
  - Promote movement of individuals to the community from intermediate care facilities for persons with mental retardation (ICF/MR) group homes and state developmental centers.
- CAP is a Medicaid community care funding source for persons with mental retardation/developmental disabilities. Both Federal and state dollars fund Medicaid waivers.
- The Person Centered Planning (PCP) concept was first used with the MR/DD target population. A person with MR/DD may be considered for CAP-MR/DD funding if all of the following criteria are met:
  1. The individual meets the requirements for ICF-MR level of care.
  2. The individual is eligible for Medicaid coverage, or will be eligible for Medicaid under the CAP-MR/DD eligibility criteria.
  3. The individual resides in an ICF-MR facility or is at high risk of being placed in an ICFMR facility.
  4. The individual's health, safety and well being can be maintained in the community under the program.
  5. The individual requires CAP-MR/DD services, based on medical necessity criteria, as identified through a family or person-centered planning process. An individual must require at least one waiver service as identified in the person-centered planning process and indicated in the Plan of Care and Cost Summary. The person-centered planning process assists the individual with their family or guardian in identifying and accessing a personalized mix of paid and non-paid services that will assist him/her to achieve personally defined outcomes in the most inclusive community setting.
  6. The individual, his/her family, and/or guardian desire CAP-MR/DD participation rather than institutional services.
- Deeming of Income and Resources: When a member of a married couple, living together, applies for Medicaid, the spouse's income and resources count towards the applicant's eligibility. When a child living with his parents applies for Medicaid, the income and usually the resources of the parents are considered in determining the eligibility o f the child. This is called "deeming" of income and resources. When the spouse or child is in institutional care under specific conditions, deeming may not apply. Because CAP-MR/DD is an alternative to ICF-MR care, CMS has allowed North Carolina to waive the deeming requirement. The income and resources of a parent or spouse are not considered in determining the person' Medicaid eligibility.

- SCFAC members reviewed the application form for the NC Medicaid Program Mental Retardation Services. In addition, members discussed the NC Support Needs Assessment Profile (NC-SNAP) which assesses consumer needs for daily living supports, healthcare supports and behavioral supports. The levels of care and services provided were also reviewed in Appendix M. Utilization Review Guidelines.

7. CAP Concerns

- John Sullivan, Advocacy and Customer Service Section staff member, and Phillip Hoffman, Section Chief for Resource/Regulatory Management provided feedback to the SCFAC members regarding CAP.
- Committee members agreed that they would like to receive information regarding changes that are under review or that are occurring with CAP ahead of time in order to review and provide feedback to the Division.
- One SCFAC Member expressed concerns that the Developmental Therapy Service Definition had not been approved in twenty-eight other states and that the North Carolina Division of MH/DD/SAS was not prepared when CMS did not approve this Service Definition for North Carolina. Ann Remington, Consumer Empowerment Team Leader, reminded the committee that the Division proceeded appropriately, believing that CMS would be approving the Service Definitions per discussions in November and that Mike Moseley discussed in the December SCFAC meeting the process of negotiations with CMS and his frustrations with the lack of progress of CMS approval. She encouraged the committee to look at trends occurring at a national level from an advocacy standpoint in order to increase local awareness.

8. Division Update

- Phillip Hoffman, Chief of the Resource/Regulatory Management Section, distributed a handout which gave an overview of the total public MH/DD/SAS system funding that included the budget for the state facilities, funding for community services (through LMEs and direct Medicaid billed) and Central Office Administration & Management.
- Phillip also provided information on the LME Provider Endorsements that were effective as of February 6, 2006. At the present time, there are 215 providers with Conditional Endorsement, 22 providers with Pending Endorsement, 24 providers with Pending Endorsements Subject to a Plan of Correction Approval and 1 provider who was not endorsed. Providers must first be endorsed by the LMEs in order to become directly enrolled with Medicaid. Providers may be endorsed to provide one or more services at one or more locations. Phillip indicated that these numbers were only the current snapshot of endorsements and the number would continue to increase as LMEs continued to endorse additional service providers.
- Conditional Endorsement means that the provider is ready, or has an acceptable plan to be ready, to deliver services. Providers need actual operational experience prior to the LME being able to issue "Full Endorsement."
- Pending Endorsement means that the Provider has met endorsement requirements but must sign a Memorandum of Agreement (MOA) with the LME.
- Plan of Correction (POC) states that there is a pending issue with the provider which must be resolved via a POC prior to the LME being able to issue an endorsement.

- Phillip provided an update on the status of the debt service requirement for the new regional psychiatric hospital. He advised the SCFAC that Certificates of Participation (COPs) were sold to finance the hospital and that 3.9 million dollars is due this year for the first debt service payment. To meet a portion of the current year debt service obligation, the Division, following discussions with the Office of State Budget and Management, utilized downsizing savings from Dorothea Dix and John Umstead Hospitals towards this obligation. The remaining current year debt service requirement which could not be covered via these downsizing savings was placed on the Division's critical needs funding list which was submitted to DHHS for consideration.

9. ELT Update

- Zack Commander attended the Division Executive Leadership Team (ELT) meeting on January 24, 2006. Zack provided the State CFAC with the following overview of what occurred during the meeting:
- Leza Wainwright presented a DD Matrix for CBS replacement services that has been approved by the Secretary and which will be presented at the January 26th Legislative Oversight Committee meeting (see handout in packet). There will be a letter sent indicating that those qualified for Medicaid and currently receiving CBS have priority (we need to first take care of those whose current services are in jeopardy). Case managers will prepare an abbreviated plan of care for each consumer so that services may be continued. DMH and DMA (the Division of Medical Assistance) will meet weekly for updates through March 20th and to discuss timelines for each step.
- The ELT adopted the procedure for defining a "proper request" for Medicaid covered MH/DD/SA services. Steve Hairston will draft a Communication Bulletin that outlines the procedure.
- There was discussion about upgrading the Director's Conference Room but action on this was delayed due to competing expense priorities.
- Steve Hairston gave a presentation on the Eliminating Barriers Initiative (EBI) which is an anti-stigma initiative in which North Carolina participated. North Carolina was one of eight sites nationally that was involved in this very worthwhile project that resulted in public service announcements targeted toward increasing awareness of mental health issues and reducing the stigma associated with mental illness. The initiative ended December 31, 2005. Steve Hairston will draft a report on the initiative and its accomplishments to be submitted to the Public Affairs Office in DHHS for inclusion in its monthly newsletter.
- This year's expansion budget requests included funds for Alcohol and Drug Abuse Treatment Center (ADATC) changes, the Mental Health Trust Fund, Community Based Services (CBS), Information Technology (IT) needs in the state operated facilities, the new hospital in Butner, Community Expansion Services, Institution furnishings, LME Systems Management and HIPPA requirements.
- Chris Phillips and Flo Stein presented stakeholder feedback on the Substance Abuse Services workgroup's recommendations to the Division on how to facilitate the expansion of substance abuse services in the state. The NC Council will be engaged for discussion on these recommendations as they relate to LMEs. A crosswalk of appropriate recommendations will be made with the general Provider Action Agenda and a letter will be drafted to the stakeholders thanking them for providing the input and advising them on action taken on the recommendations.

- Steve Hairston distributed the announcement of a Special Division Staff Meeting on February 1st.
- Steve also distributed a draft copy of the Table of Contents for State Plan 2006.
- Flo Stein distributed a packet of information on NC Practice Improvement Collaborative indicating that they also had a website (www.ncpic.net).

10. Legislative Oversight Committee (LOC)

- The LOC will be meeting on February 16, 2006. One of the scheduled agenda items is "Role of Consumers and CFACs." Carl Britton-Watkins will be attending and presenting on behalf of the SCFAC in order to provide an overview of the State CFAC and its role.

11. Division of MH/DD/SAS External Advisory Team

- The Division has established a team of stakeholders to meet at least quarterly to discuss and provide input on policy matters related to transformation and operation of the public mental health, developmental disabilities and substance abuse services system in NC.
- There will be a total of seventeen members serving on this committee. The Division is seeking two SCFAC members to sit on this advisory team. Ron Huber and Ron Kendrick have agreed to represent the SCFAC on the External Advisory Team.

12. SCFAC Retreat

- The retreat will be held on March 9, 2006 from 9:00 – 4:00 p.m. and will be facilitated by Maggie McGlynn, McGlynn Associates. Prior to the retreat, Ms. McGlynn will send the members an electronic survey to gather preliminary data. In addition, a conference call is scheduled for Friday, February 24, 2006 to establish the SCFAC priorities regarding key areas of discussion. The committee will also be holding an informal meeting on March 8, 2006 at the Holiday Inn North Raleigh from 6:00 – 9:00 PM.
- The Retreat will cover:
  - Group dynamics – ways the committee can become a more effective team including a presentation on listening skills.
  - The development of an operating plan for the next 12-18 months.
  - Summarization of the process in order for the committee to be able to measure their own progress in terms of tangible products.
- The SCFAC members discussed the possibility of having past members attend the retreat to provide feedback based on their experience while on the SCFAC. Jere Annis said the he would contact former members and discuss this possibility with them.

13. DMH/DD/SAS State Plan 2006 and Website Development Update

- Steve Hairston, Chief of the Operations Support Section, provided the SCFAC with an outline of the State Plan 2006. State Plan 2006 will consist of:
  - Executive Summary
  - The Mature System
  - Accomplishments to Date
  - Transformation of the System

- Appendices
- Accompanying Documents

♦ The Chair wanted to know if the Division still intends to set a goal of having 20 LMEs (rather than the current 30) given the regionalization plan. Steve responded that there is less pressure to merge LMEs given the regionalization plan. Mr. Hairston added, "It is important to build efficiencies into the current reform."

♦ The Division's Annual Report will be completed and available shortly. This will be a reflection of the work done over the last state fiscal year.

♦ The members reviewed a handout of the proposed website redesign. It is the intention of the Division to make this site user friendly and well-organized. The proposed website will have four portals:

- North Carolina Residents,
- State and Local Government,
- Providers of MH/DD/SA Services and
- Statistics and Publications.

♦ It was suggested that the SCFAC establish a sub-committee to review and provide recommendations on the SCFAC web page on the Advocacy and Customer Service Section web site.

14. Next Meeting

♦ The next meeting is scheduled for March 9, 2006, from 9:00 A.M. – 4:00 P.M. and will be held at the Dorothea Dix Hospital Campus in the Royster Building in Room 116.

15. March Meeting Agenda

♦ Approval of the Agenda.
♦ Approval of the February meeting minutes.
♦ ELT Update.
♦ Discussion of April Meeting Agenda.